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**RECEIVED****CENTRAL FAX CENTER****JAN 31 2005****FACSIMILE TRANSMISSION****CONFIDENTIAL****DATE:** January 31, 2005**CLIENT-MATTER NO.:** 16331-03941/US**To:**

NAME	FAX NO.	PHONE NO.
USPTO	(703) 872-9306	

**FROM:** Robert S. Sachs  
Reg. No. 42,120**PHONE:** (415) 875-2410**SENT BY:** Tracie Brooks**PHONE:** (415) 875-2482**NUMBER OF PAGES WITH COVER PAGE:** 3**ORIGINAL WILL NOT FOLLOW****MESSAGE:**

USSN: 09/312,586

*Please See The Attached*  
**REQUEST FOR WITHDRAWAL AS ATTORNEY**

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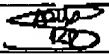
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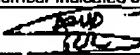
A1000/00103/SE/5121030.5

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/312,586
		Filing Date	May 14, 1999
		First Named Inventor	Taylor S. Gautier
		Group Art Unit Number	2126
		Examiner Name	Van H. Nguyen
Total Number of Pages in This Submission	3	Attorney Docket Number	16331-03941

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment  <input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Fax Cover sheet <input checked="" type="checkbox"/> REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Robert S. Sachs, Reg. No. 42,120	Dated:	1-31-05

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Robert Sachs	Dated:	1-31-05
Facsimile Number:	1-703-872-9306		

16331/03941/SF/5136666.1

# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/312,586
Filing Date	May 14, 1999
First Named Inventor	Taylor S. Gautier
Group Art Unit	2126
Examiner Name	Nguyen, Van H.
Attorney Docket Number	16331-03941/US

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To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.


The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Wilfred Lam				
Address	Innovation Management Sciences				
Address	970 Terra Bella Avenue, Suite 8				
City	Mountain View	State	CA	Zip	94043
Country	USA				
Telephone	(650) 969-8300	Fax	(650) 969-8203		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☒ the attorneys/agents associated with Customer Number 00758
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Robert S. Sachs
Signature	
Date	1-31-05

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

16331/03941/SF/5136664.1